



Authorization to Release Information

I, _____ (print name), hereby authorize the release of information related to my participation in the Washoe County HOME Consortium's Housing Programs. The types of agencies which may be involved in such communications include but are not limited to:

Financial Institutions

Credit Bureaus

Mortgagors

Social Security Administration

Contractors

Employers

Child Support Agencies

Government Entities (Recorder's Office, INS)

Information may include, but is not limited to, residency, income, household composition, and will be necessary to verify information which I have provided and/or to process my application.

I hereby release any individual from any and all liability for damages of any nature which may occur as a result of compliance or attempts to comply with this authorization.

Applicant Printed Name

Social Security Number

Applicant Signed Name

Date

Co-Applicant Printed Name

Social Security Number

Co-Applicant Signed Name

Date